

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**OBJECTION OF MINOR TO
SUBSTANCE ABUSE TREATMENT PLAN**

FILE NO.

In the matter of _____, a minor

1. I am _____ years of age.
2. The court ordered me to receive substance abuse treatment and rehabilitation services.
3. A review of my treatment plan was conducted and I received a copy of the review on _____ .
Date
4. I object to my substance abuse treatment plan and request a court hearing on this objection. The basis for the objection is:

Date

Minor's signature

Do not write below this line - For court use only